COMMENTARY

Use of alternative products: where's the beef?

Michael D Katz

Department of Pharmacy Practice & Science
College of Pharmacy
University of Arizona
PO Box 210207
Tucson, AZ 85721

Correspondence to:
Dr Katz
Katz@pharmacy.Arizona.edu

West J Med
2000;172:95

The paper by Rindone et al raises interesting issues regarding the management of osteoarthritis (degenerative joint disease) using an alternative medicine. The authors do discuss some of the weaknesses of the study and point out that a larger controlled trial showed glucosamine to be superior to placebo. An additional drawback of the study is that over 50% of the patients were receiving other analgesics. Although there was no difference in analgesic use between the glucosamine and placebo group, it would be interesting to see if the patients that did not receive other analgesics might have had a better response to glucosamine. Despite the inherent weakness of the study, Rindone and colleagues should be credited with performing a "real world" clinical trial. I believe the results to be meaningful, and they should be used when counseling patients about the use of glucosamine.

Many clinicians are struggling to learn more about alternative practices and products, to understand better what patients are using and doing, and to provide rational advice and counseling about the use of alternative products. Eisenberg et al documented the rising use of alternative medicine in the 1990s, with over 12% of patients surveyed using at least one herbal product.[1] Less than half of patients are willing to disclose the use of these products to their physician. A more recent survey commissioned by the Kaiser Family Foundation showed that at least 50% of persons surveyed use a dietary supplement occasionally.[2]

Much speculation surrounds the reasons for the increasing use of alternative products. Although many clinicians likely prefer to ascribe this increased popularity to a populace being suckered by unscrupulous individuals, I believe the principal reason for patients seeking alternative therapy is their dissatisfaction with mainstream health care.

There is no question, however, that patients are being drawn to the use of alternative medicine because of the voluminous information made available about these products. Most of this information is, at best, unfiltered, a necdotal, and thinly disguised advertising. It is probably no coincidence that the development and popularity of the Internet has paralleled that of the alternative medicine movement. One need only research any alternative medicine product (glucosamine or any other) to be impressed with the sheer volume of information that is available to many of our patients. And it is clear that this industry is big business. Patients are spending over $40 billion per year on alternative products, some of whom cannot afford the added expense.

The passage of the 1994 Dietary Supplement Health and Education Act (DSHEA) has played a large role in the expanding use of alternative products. Under this statute, manufacturers of dietary supplements need not demonstrate the safety and efficacy of their products. The burden of proof to show a product is harmful was given to the Food and Drug Administration (FDA). Manufacturers of dietary supplements use thinly disguised indications to market their products (for example, "to promote liver health"). If one accepts that some of these products are pharmacologically active, it is not in the best interest of the public to have their safety so loosely regulated.

As with the study by Rindone et al, trials with popular alternative products are slowly being published in peer-reviewed journals, which is exactly what is needed. As we move toward a greater emphasis on evidence-based medicine, we must use these same principles in evaluating alternative products. Potential adulteration with toxic substances is an important consideration. One recent study showed a high frequency of adulteration with drugs or heavy metals in products imported from Asia.[3]

As with any drug, we cannot assume that any pharmacologically active substance is safe until evidence exists to that effect. Several published reviews identify alternative products known not to be safe.[4-7] What about interactions with conventional drugs? Other than a few known interactions (such as *Gingko biloba* and garlic increasing the risk of bleeding with warfarin), we know little about potential interactions. Suspected adverse reactions and drug interactions should be reported to the FDA MedWatch program.

How can the average clinician deal with these issues? We must realize that our patients are using alternative products and ask specifically about their use when obtaining a history. Clinicians need to be open-minded and understanding about patients' use of these products. One should review with the patient what evidence exists for a particular product. Ultimately, we will no longer be discussing alternative versus conventional treatment. We will discuss treatments that work and those that do not.[8] The "beef" is in the evidence.

References

1 Eisenberg DM, Davis RB, Ettner SL, et al. Trends in alternative medicine use in the United States, 1990-1997. *JAMA* 1998; 280:1569-1575.
2 NPR/Kaiser Family Foundation/Kennedy School of Government. Survey on Americans and Dietary Supplements. Available at: www.npr.org/programs/specials/survey.
3 Ko RJ. Adulterants in Asian patent medicines. *N Engl J Med* 1998;39:847.
4 O'Hara MA, Kiefer D, Farrell K, et al. A review of 12 commonly used medicinal herbs. *Arch Fam Med* 1998;7:523-536.
5 Miller LG. Herbal medicinals. Selected clinical considerations focusing on known or potential drug-herb interactions. *Arch Intern Med* 1998; 158:2200-2211.
6 Borins M. The dangers of using herbs. *Postgrad Med* 1998;104:91-99.
7 Chan TK. Monitoring the safety of herbal medicines. *Drug Saf* 1997;17:209-215.
8 Relman AS. A trip to Stonesville. Andrew Weil, the boom in alternative medicine and the retreat from science. *The New Republic* December 14, 1998.